



APPLICATION FOR A TRANSPORTER PERMIT

Transporter Name: 	Date: Phone Number:
Physical Address: 	Completed by:
EPA ID Number: 	Title:
1. Please attach financial data: (a) Interstate transporters: Copy of document showing insurance required under 49 CFR Part 387 (MCS-90 Bond or MCS-82 Surety Bond); (b) Intrastate transporter: Either copy of insurance required under 49 CFR Part 387 or latest annual balance sheet.	
2. Incorporated in 	
3. Virginia Corporation ID Number (if applicable) 	
4. Corporate Headquarters Address: 	
5. Chief Executive Officer 	
6. Are you presently licensed or permitted by any other State to transport hazardous materials or hazardous wastes? <div style="text-align: center;"> Yes G No G </div> If yes, attach a list of licensing/permit agency and appropriate code to identify your license/permits	
7. Have you been informed by a State or Federal agency of violations pertaining to the management of hazardous wastes or transportation of hazardous wastes/materials? <div style="text-align: center;"> Yes G No G </div> If yes, attach a list giving agency issuing notice of violation and circumstances	
8. Give name, address, and telephone number of the principal contact <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	

PERMIT APPLICATION CONTINUED

NOTE: Permit application fee must accompany this Transporter Permit Application. See Appendix 12.1 of the Virginia hazardous Waste Management Regulations, 9 VAC 20-60-12 et seq.

Certification Below Must Be Signed

I certify that all statements are true and are representative of the ability of to provide hazardous waste transportation services consistent with the Commonwealth of Virginia of Virginia Hazardous Waste Management Regulations.

Name

Title

Date
